

should not interfere with peristalsis, respiration, or development, and must be free from the possibility of hurting a carelessly handled child. Such requisites are combined in the following device, which differs slightly, but in important particulars, from others. It consists of a hard rubber, slightly oval, plano-convex lens, with a greater diameter of 3 cm., and thickness of 6 or 7 mm.; on the plane surface are two small wire loops facing each other at a distance of 2 cm. This is attached to the centre of an adhesive plaster strap, 2 cm. wide, and long enough to embrace three-fourths of the child's body, by thrusting the wire loop through the plaster and a small safety-pin through the loop. No plaster other than a reliable emplastr. resin. of the Pharmacopœia should be used. In using, the hernia is reduced by the pressure of the button, and the warm plaster quickly applied while the child is quiet. This will retain its position for from one to three weeks, unless considerable soap is used in the bath. When removal is desired, a few moments' soaking with soap and water will loosen it unnoticed by the child. If redness of the skin is produced, the cause will be found in the adulteration of the plaster with turpentine or Burgundy pitch.—*Walter Chrystie, M.D. in Med. News.*

Therapeutic Notes.

HEMORRHAGE from internal piles will be checked by the injection of a solution of hamamelis more promptly, perhaps, than by anything else. For this purpose the glycerine enema syringe answers exceedingly well.—*Medical Summary.*

POWDER STAINS ON THE SKIN.—The bluish-black spots produced by gunpowder may be removed by painting with the following solution:

Binioidide of ammonium,
Distilled water, equal parts.

Then with dilute hydrochloric acid to reach the tissues more deeply affected.—*Medical Bulletin.*

VOMITING IN PREGNANCY.—A writer in the *London Lancet* says: I have not failed once for many years, by a single vesication over the

fourth and fifth dorsal vertebrae, to put an end at once to the sickness of pregnancy for the whole remaining period of gestation, no matter at what stage I was consulted. The neuralgic toothache and pruritus pudendi of the puerperal condition yielded as readily, and to one application.

AN EXCIPIENT FOR LOCAL APPLICATIONS IN DERMATOLOGY.—M. Vergely has recommended a modification of the local applications of Unna. The preparations of the latter are sometimes difficult to make, and have a granular consistency. M. Vergely avoids this difficulty, and obtains a more perfect homogeneity in the following formula:

R Gelatin,	5.0.
Glycerinæ,	
Aquæ,	aa 45.0.

This mixture is flexible, adheres to the skin, and is useful as a vehicle for powders, as calomel, oxide of zinc, red precipitate, etc.—*four. of Cutaneous and Genito-Urinary Diseases.*

IODOFORM IN CHRONIC BLADDER CATARRH.—Mosetig-Moorhof (*Wiener Med. Presse*) recommends the following emulsion for use as an injection in chronic catarrh of the bladder:

Iodoform,	50 parts.
Glycerine,	40 parts.
Water,	10 parts.
Tragacanth,	25 parts.

A teaspoonful to be dissolved in seventeen ounces of warm water, and injected into the bladder, which has been previously washed out. The injection should be repeated every third day, after three or four applications the catarrh will be cured.—*Deutsche med. Woch.—Med. Chron.*

CHRYSAROBIN IN HÆMORRHOIDS.—Dr. Kossobudskii speaks of this drug in high terms, but he differs from Unna in the quantity. Dr. Kossobudskii uses a two and a-half per cent. instead of a five per cent. as Unna prescribes. After washing the swelling with a two per cent. lotion of carbolic, or a one per cent. of creolin, he recommends the following ointment to be applied twice or three times a day:

Chrysarobini,	0.8,
Iodoform,	0.3,